



PATIENT

Muttley Dilacio

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

6 Years 4 Months

WEIGHT

Not Provided

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

**IMAGING
PERFORMED BY**

Vincent Ravancho, CVT

HOSPITAL NAME

Farview Animal Clinic

REFERRING VET

Dr. Mosaad

INVOICE

74776

DATE

4/28/26

PRESENTING CLINICAL SIGNS

Recheck ABD. Last U/S showed enlarged Liver with coarse echotexture. GB is small and mildly thickened. Current medications - Denamarin 225mg - 1 tab SID.

Abnormal PE/Chem/CBC/UA Results: ALT 896, AlkP 232, Chol 339

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The prostate measured 7.0 mm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Right kidney measured 4.9 cm. Left kidney measured 5.13 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measured 2.04 cm x 0.46 cm at the cranial pole and 0.59 cm at the caudal pole. Right measured 1.84 cm x 1.08 cm at the cranial pole and 0.62 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed visible cystic duct and common bile duct, yet the gallbladder was not visible. This may be an aplastic gallbladder. The liver presented increased portal markings, it was normal in size and vascularity. No evidence of macroscopic shunting. Increased portal markings would suggest chronic inflammation.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Non-specific chronic inflammatory hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA warranted to assess inflammatory cell type. Surgical biopsies or laparoscopy based biopsies for copper storage potential indicated. Leptospirosis titers indicated to ensure underlying Leptospirosis is not an issue. Bile acid profile would be appropriate.



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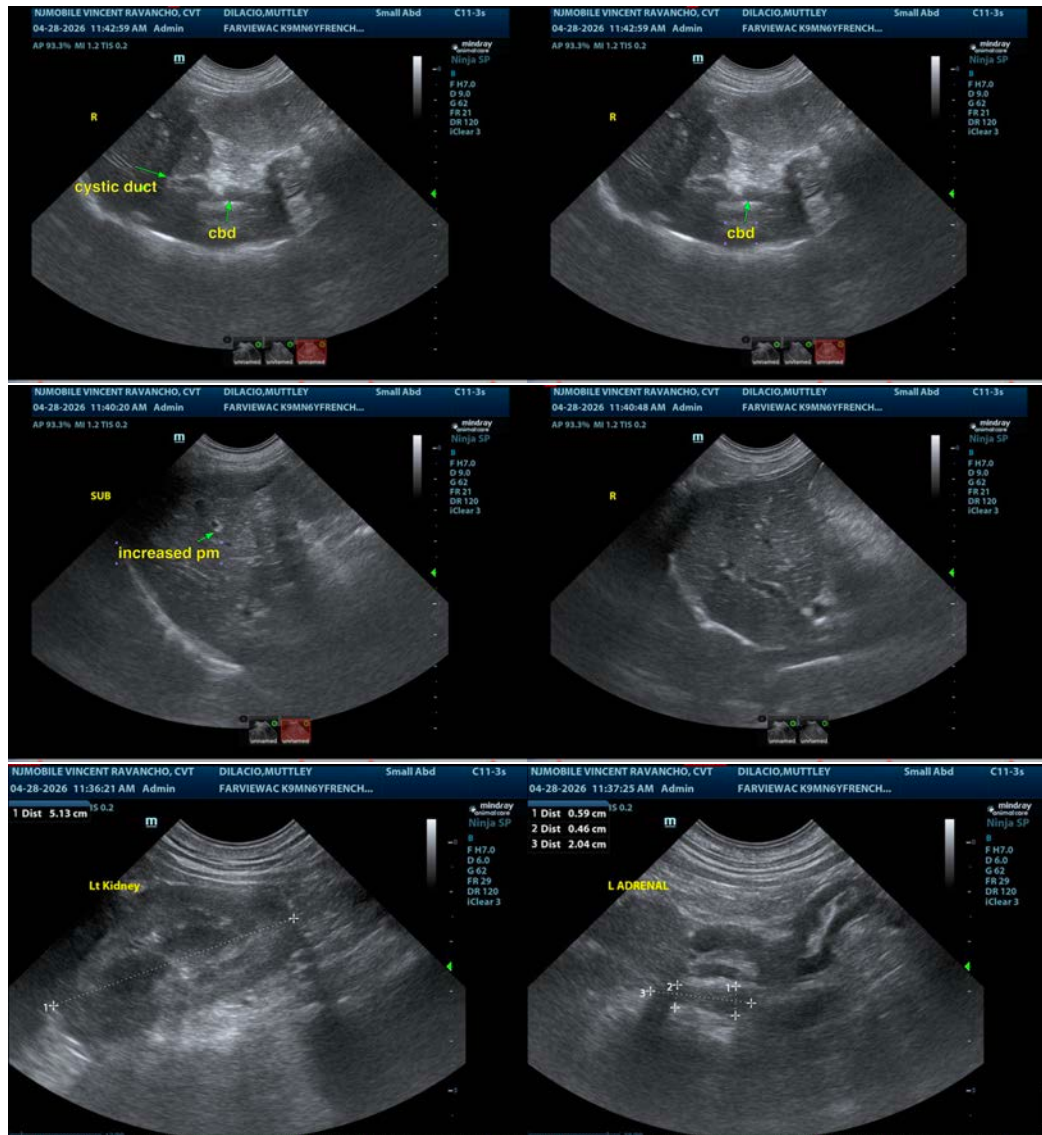
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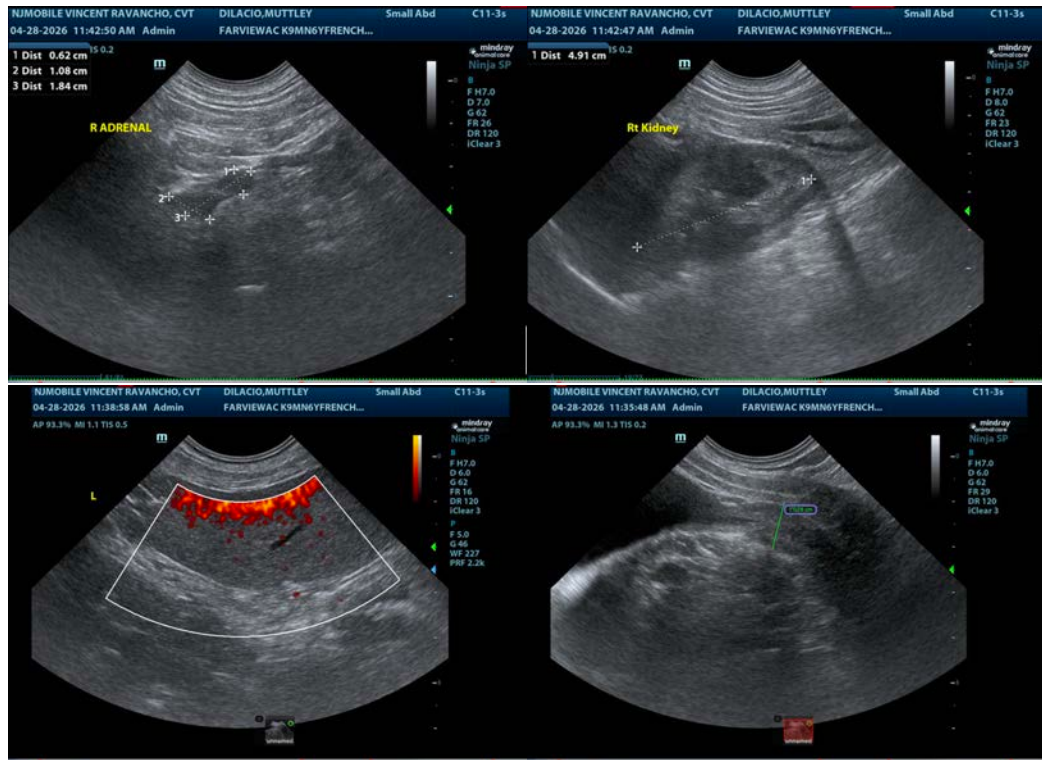
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
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